

REPORTS INVENTORY				CONTROL NO.	
REPAIR IN DUPLICATE				DDS/PC-027	
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Departee/Returnees (TDY Senior Offices)				2. TYPE OF REPORT	<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		PERSONNEL	TRAINING	ADMIN. GENERAL	
		LOGISTICS	SECURITY	OTHER (specify) COMMUNICATIONS	
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.) Aperiodically		6. DISTRIBUTION (No. of components not number of copies) 1 - DDS	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING <input type="checkbox"/> YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT DDS	
		10. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None			
11. COST FACTORS					
A. MANUAL PREPARATION AND REVIEW COSTS					
GRADE	HOURLY RATE	X HOURS PER REPORT	= COST PER REPORT	X TIMES PREPARED	= COST PER YEAR
GS-06/6	\$4.09	1	\$4.09	4	16.36
B. COSTS OF COMPUTER PRODUCED REPORTS					
41 TOTAL COSTS PER YEAR					
12. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.					
13. Retain as is. Requested by DDS.					
14. FUTURE GOALS					
15. PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE				ESTIMATED SAVINGS <input type="checkbox"/> MAN-HOURS <input type="checkbox"/> DOLLARS	
DATE OF INVENTORY ILLEGIB		16. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100200048-3		17. EXTENSION ILLEGIB	